Claims Clues

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Providers Can Use New Web Application To Verify Eligibility, Check Claim Status

AHCCCS is unveiling a new Web application that allows providers to verify eligibility and enrollment and to check the status of fee-for-service claims using the Internet.

The Web-based application will be made available to providers in stages. During the month of September, providers whose AHCCCS provider ID is in the 000001 – 051582 range will be allowed to create an account to access the application. In October, providers whose AHCCCS provider ID ranges from 051583 – 196578 may create an account.

To create an account and begin using the applications, providers must go to the AHCCCS Home Page at www.ahcccs.state.az.us. Once at the Home Page, click on the Information for Providers link to go to the Providers page. A link on the Providers page will allow providers to create an account and to view eligibility and claim information.

The site is secured through a security module developed by AHCCCS that requires a user login. VeriSign software is used to secure the data transferred over the Internet.

Once a provider has access to the site, the provider can query information relating to any recipient in the system. The Eligibility/Enrollment page will display the results of the search. The user can then navigate to the Benefits page to obtain Medicare/ TPL information for a recipient.

Both pages will allow the user to view multiple records for the selected recipient.

To view claim status information, providers must enter a provider ID, recipient ID and dates of service. The provider will then navigate to a page displaying the claim header information. From this page, the provider will have the option to view detailed information relating to the claim, including status history, work actions, edit history and accounting summary.

The Claim Status page will also allow providers to search by claim number, patient account number, adjudication status and form type. If multiple records are returned from the search, the users will be able to scroll through each record using navigation buttons at the bottom of the screen.

There is no charge to providers for creating an account, and there is no transaction charge.

The final phase of the project will provide the ability to request and update provider demographic information. This phase of the project currently is under development.

Providers who have questions about the Web-based application should call the AHCCCS Customer Support Unit at (602) 417-4451. ❒

Routine Circumcision Coverage to End October 1

Effective October 1, AHCCCS will no longer cover routine circumcision for newborn male infants.

AHCCCS will no longer cover CPT 4 codes 54150 (Circumcision, using clamp or other device; newborn) and 54160 (Circumcision, surgical excision other than clamp, device, or dorsal slit; newborn).

ICD-9 code V50.2 (Routine or ritual circumcision) also will not be covered.

To report medically necessary circumcision, the appropriate ICD-9 code documenting medical necessity must be used, along with CPT 4 code 54152 (Circumcision, using clamp or other device; other than newborn) or 54161 (Circumcision, surgical excision other than clamp, device, or dorsal slit; other than newborn).

Prior authorization must be obtained for fee-for-service recipients. ❒

HIFA to Add Parents to AHCCCS Rolls in October

Beginning October 1, parents of eligible SOBRA or KidsCare children who are not otherwise eligible for Medicaid can be approved for AHCCCS coverage under a waiver approved by CMS (formerly HCFA).

The waiver is granted under the Health Insurance Flexibility and Accountability (HIFA) Demonstration Initiative. This new coverage will be funded by the unspent Title XXI KidsCare allotment.

There are potentially 70,000 to 75,000 eligible parents. However, the program will be capped at approximately 21,250 parents.

Parents of Title XIX SOBRA children and Title XXI KidsCare children will be determined eligible under the HIFA waiver if the applicant:

- Is a U.S. citizen or legal alien eligible for full Medicaid coverage
- Is an Arizona resident
- Is living with eligible child
- Has income less than 200 per cent of the Federal Poverty Level (FPL)
- Has a valid Social Security Number
- Has no other creditable insurance currently or in the past three months
- Is not a state employee or spouse of a state employee

Parents who do not meet U.S. citizenship or legal alien requirements will not be eligible for the Emergency Services Program under the HIFA waiver.

Eligibility and enrollment in a health plan will be prospective. There will be no retro-eligibility or Prior Period Coverage for parents covered under the waiver.

The Arizona Department of Economic Security (DES) will conduct the initial screening of parents of SOBRA children. The AHCCCS KidsCare Administration will conduct the initial screening of parents of KidsCare children.

Applicants will receive either an approval letter with a premium amount or a denial letter and the reason for the denial.

Parents, except Native Americans, will pay a premium. There are 3 premium tiers:

- $15 for each parent when income is less than 150 per cent of FPL
- $20 for each parent when income is less than 175 per cent of FPL
- $25 for each parent when income is less than 200 per cent of FPL

The program will be implemented in two stages:

- October 1 - Parents of SOBRA/KidsCare children who are enrolled in the Premium Sharing Program
- January 1 - Parents of SOBRA/KidsCare children ❒

Statute Prohibits Providers from Billing Recipients

Arizona Revised Statutes prohibit providers from billing AHCCCS-eligible recipients for AHCCCS-covered services:

Providers must bill the member's AHCCCS health plan for co-payments or coinsurance required by the member's other insurance or Medicare.

ARS §36-2903.01(N) states that providers shall not "charge, submit a claim to, or demand or otherwise collect payment from a member or person who has been determined eligible" for AHCCCS.

The statute also states that providers shall not "refer or report a member or person who has been determined eligible to a collection agency or credit reporting agency for the failure of the member or person who has been determined eligible to pay charges for system-covered care or services …"

However, hospitals may bill State Emergency Services Program (SESP) recipients for inpatient and outpatient hospital services for dates of service/dates of discharge on or after March 1, 2002.

The SESP covers emergency services only for undocumented aliens. However, claims for both inpatient and outpatient hospital services billed on a UB-92 provided to the SESP population will not be reimbursed by the AHCCCS Administration.

AHCCCS is prohibited by state law from making claims payments and/or adjustments for dates of service/dates of discharge on or after March 1, 2002. In addition, for claims prior to that date, there is no remaining appropriation available from which such payments can be made.

Therefore, with respect to these services, AHCCCS will not enforce the rule that prohibits providers from billing eligible persons for covered services. ❒